

# **SCHEDULE A** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ROMNEY FOR PRESIDENT, INC.

<b>A.</b> Full Name (Last, First, Middle Initial) MR. MICHAEL SHURE		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7	
Mailing Address 1035 S. FEDERAL HWY. APARTMENT 204		Amount of Each Receipt this Period 1500.00	
City State Zip Code DELRAY BEACH FL 33483-5144		CONTRIBUTION	
FEC ID number of contributing federal political committee.		REFUND TO BE ISSUED	
Name of Employer CARDON HEALTHCARE NETWORK		Occupation HEALTHCARE FINANCIAL INFORMATION	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) MR. RICHARD SHURE		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7	
Mailing Address 19404 PROSPECT POINT COURT		Amount of Each Receipt this Period 1000.00	
City State Zip Code BROOKEVILLE MD 20833-2246		CONTRIBUTION	
FEC ID number of contributing federal political committee.		Transaction ID: SA17.76251	
Name of Employer PORTNER & SHUREPA		Occupation LAWYER	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) FRED SIAOSI		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7	
Mailing Address 6351 CORTE DEL OBETO		Amount of Each Receipt this Period 2100.00	
City State Zip Code CARLSBAD CA 92011-1457		CONTRIBUTION	
FEC ID number of contributing federal political committee.		Transaction ID: SA17.71776	
Name of Employer HEALTHY ISLAND		Occupation IMPORTER	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00	
Transaction ID: SA17.53461		Transaction ID: SA17.53461	

**SUBTOTAL** of Receipts This Page (optional) .....

4600.00

**TOTAL** This Period (last page this line number only) .....